



**CITY OF STOCKTON  
MUNICIPAL UTILITIES DEPARTMENT  
REGIONAL WASTEWATER CONTROL FACILITY**

2500 NAVY DRIVE  
STOCKTON, CALIFORNIA 95206  
(209) 937-8750  
FAX: (209) 937-8708

# Septic Tank Truck Special Application/Permit For Wastewater Discharge

## PART B — BUSINESS DESCRIPTION

**Applicant Business Name:** \_\_\_\_\_

**Address of premise discharging wastewater:** \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

**Business Address:**

Street \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Chief Executive Officer:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Person to be contacted about this application:**

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

**Person to be contacted in case of emergency:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_

**Business Activity** \_\_\_\_\_ **SIC**

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**Type of Products:**

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**Description of wastewater generating operations:**

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